

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

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|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>15G201</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/04/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMMUNITY ALTERNATIVES SW IN</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 NE THIRD ST</b><br><b>LOGOOTE, IN 47553</b>                              |                            |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| {W 000}   | <p>INITIAL COMMENTS</p> <p>This visit was for a PCR/post certification revisit to the full recertification and state licensure survey which resulted in an Immediate Jeopardy completed on 9/04/13.</p> <p>Dates of Survey: October 3 and 4, 2013.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 000731<br/>AIM Number: 100243220<br/>Provider Number: 15G201</p> <p>Community Alternatives SW IN was found to be in compliance with 42 CFR Part 483, Subpart I and with 460 IAC 9 in regard to the PCR to the full recertification and state licensure survey. Quality Review completed 10/8/13 by Ruth Shackelford, QIDP.</p> | {W 000}  |  |                            |  |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   |  |  | TITLE  |                            | (X6) DATE  |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.